

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CONTROL OF NITRIC OXIDE BIOACTIVITY BY PERFLUOROCARBONS NUDLER2A
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Russia
Status::	Full Capacity

Given Name:: Evgeny
Middle Name::
Family Name:: NUDLER
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: USA
Street of Mailing Address:: 2 Washington Square Village #7S
City of Mailing Address:: New York
State or Province of Mailing Address:: NY
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 10012
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russia
Status:: Full Capacity
Given Name:: Ruslan
Middle Name::
Family Name:: RAFIKOVA
Name Suffix::
City of Residence:: Brooklyn
State or Province of Residence:: NY
Country of Residence:: USA
Street of Mailing Address:: 1455 Ovington Ave., #B4
City of Mailing Address:: Brooklyn
State or Province of Mailing Address:: NY
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 11219
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russia
Status:: Full Capacity
Given Name:: Olga
Middle Name::
Family Name:: RAFIKOVA

Name Suffix::

City of Residence:: Brooklyn

State or Province of Residence:: NY

Country of Residence:: USA

Street of Mailing Address:: 1455 Ovington Ave., #B4

City of Mailing Address:: Brooklyn

State or Province of Mailing Address:: NY

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 11219

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application Appln claiming benefit under 35 USC 119(e) 60/411,828 09/19/02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: New York University

Street of Mailing Address:: 70 Washington Sq. South

City of Mailing Address:: New York

State or Province of Mailing Address:: NY

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 10012